

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043059

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 43.

Primary Registration District No. 3007

Registrar's No. 1922

STATE FILE NUMBER

FILED DEC 9 1963

1. PLACE OF DEATH
a. COUNTY

Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

Mo Wayne

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Poplar Bluff

Length of stay in 1b

1 Day

c. CITY OR TOWN

Piedmont

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Doctors Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

705 S. 2nd Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

Ulysses S. Vineyard

4. DATE OF DEATH
Month Day Year
November 27 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-30-1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.
3 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Reynolds Co. Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Martin Vineyard

13b. MOTHER'S MAIDEN NAME

Elizabeth Chittwood

14. NAME OF HUSBAND OR WIFE

Cora Huett Vineyard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

352

17. INFORMANT Address

Mrs. Cora Vineyard Piedmont, Mo.

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ruptured aneurysm, abdominal aorta

INTERVAL BETWEEN ONSET AND DEATH

4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 27, 1963 to Nov 27, 1963 and last saw her alive on Nov 27, 1963
Death occurred at 2:32 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Robert Chugelhardt MD

22b. ADDRESS

Poplar Bluff

22c. DATE SIGNED

Nov

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-1-63

23c. NAME OF CEMETERY OR CREMATORY

Mosonic

23d. LOCATION (City, town, or county)

Piedmont

(State)

Missouri

24. FUNERAL DIRECTOR ADDRESS

William Coder Piedmont, Mo.

25. DATE RECD. BY LOCAL REG.

12/6/1963

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 1122
2 1110
3
4 0
5 1
6
7 0
8 2
9 451x
10
11
12 200
13 10

DATE AMENDED

DEC 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William Coder

Licensed Embalmer No.

3723

P. O. Address

Piedmont Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.